## THEATRE VOLUNTEER APPLICATION

Thank you for your interest in volunt	eering. Please us	e ink or typewriter, and compl	lete all sections.
Name:			
Daytime Phone:			
Address:			
Please check any positions that inter	rest you:		
Office/Phone Aide	Mailing/Flyer Aide	Box Office Aide	Theatre Usher
Days/hours available (please check	days and list hour	s on the line to the right of ea	ach day):
Monday _		Friday	
Tuesday _		Saturday	
Wednesday _		Sunday	
Thursday _			
Activities (clubs, organizations, etc.)			
Hobbies, special skills and interests:			
Current and/or previous volunteer ex	kperience:		
In case of emergency, please notify:			
Name:		Phone:	
Release: I hereby release and agree to indem Services, and any official employee of participation in this program, with my I hereby give permission to the City of forwarded to newspapers and other publics. I hereby give permission to recare and/or in-hospital treatment.	r volunteer of the 0 knowledge that by f Sunrise to use ar publications in whi	City of Sunrise against any and participating in this activity, I and display any photographs tale the photograph would be assary medical treatment for injure.	d all claims resulting from assume any risk of injury. ken of me, which may be ssociated with the City of ry or sickness, outpatient
Signature:		ט	ate: